

K052275

Smith & Nephew, Inc.
Summary of Safety and Effectiveness
Smith & Nephew Platform Hip Stem

DEC 7 2005

Contact Person and Address
Gino Rouss
Regulatory Affairs Specialist
Smith & Nephew, Inc.
Orthopaedic Division
1450 Brooks Road
Memphis, TN 38116
(901) 399-6707

Date of Summary: August 19, 2005

Name of Device: Smith & Nephew Platform Hip Stem
Common Name: Prosthetic hip joint

Device Description

The Smith & Nephew Platform Hip Stem is a grit-blasted stem that contains a circumtrapezoidal neck geometry. The stem features a 12/14 taper and is used with existing Smith & Nephew femoral heads and acetabular components. The Platform Hip Stem is manufactured from Ti-6Al-4V conforming to ASTM F 136.

Device Classification

21 CFR 888.3350 Hip joint metal/polymer semi-constrained cemented prosthesis – Class II
21 CFR 888.3353 Hip joint metal/ceramic/polymer semi-constrained cemented or nonporous uncemented prosthesis – Class II

Mechanical and Clinical Data

A review of the test report data indicated that the Smith & Nephew Platform Hip Stem is equivalent to devices currently used clinically and is capable of withstanding expected in vivo loading without failure.

Indications for Use

Total hip components are indicated for uncemented use in individuals undergoing primary and revision surgery where other treatments or devices have failed in rehabilitating hips damaged as a result of trauma, inflammatory joint disease such as rheumatoid arthritis, or noninflammatory degenerative joint disease (NIDJD) or any of its composite diagnoses such as osteoarthritis; avascular necrosis; traumatic arthritis; slipped capital epiphysis; fused hip; fracture of the pelvis; diastrophic variant; old, remote osteomyelitis with an extended drainage-free period; nonunion, femoral neck fracture and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques; femoral osteotomy, or Girdlestone resection; fracture dislocation of the hip; and correction of deformity. Smith & Nephew Platform Hip Stem components are for single use only.

Substantial Equivalence Information

The substantial equivalence of the Smith & Nephew Platform Hip Stem is based on its similarities in indications for use, design features, operational principles, and material composition to the following predicate devices – Plus Orthopedics SL-Plus/SLR-Plus Femoral Hip Stems (K001942), Centerpulse Orthopedics Alloclassic

Zweymuller SL/SLL Femoral Hip Stems (K030373), Smith & Nephew Modular Hip Stem (K042127) and the Smith & Nephew Synergy Hip System (K963509, K991485, and K002996).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 7 2005

Gino J. Rouss
Regulatory Affairs Specialist
Smith & Nephew, Inc.
Orthopaedic Division
1450 Brooks Road
Memphis, Tennessee 38116

Re: K052275

Trade/Device Name: Smith & Nephew Platform Hip Stem
Regulation Number: 21 CFR 888.3353
Regulation Name: Hip joint metal/ceramic/polymer semi-constrained cemented or nonporous uncemented prosthesis
Regulatory Class: II
Product Code: LZO, JDI, LWJ
Dated: November 17, 2005
Received: November 21, 2005

Dear Mr. Rouss:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K052275

Device Name: Smith & Nephew Platform Hip Stem

Indications for Use:

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Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)

**Division of General, Restorative,
and Neurological Devices**

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